

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Medical History

Facility

HIV Out-Out:

☒ Reception History☐ Periodic History

Date: 3.4.17

Time: 12 ☐ a.m. ☒ p.m.

Offender:

B18840 JOHNSON, CEDRIC

Age: 42

DOB: [REDACTED]

Race:

Race: BLK

Sex: M

☐ Other

Gender:

☐ Male☐ Female

Date of Birth:

14

Subjective:

Past Medical History / History of Present Illness / Family History

Condition	Yes	No	Family History	Explanation
Allergies	/		Fish	
Smoking	/		Quit	
Pediculosis				
Seizures	/			
Asthma	/			
Cardiac/HTN	/			
Diabetes	/			
Disability (vision, hearing, etc)				
Communicable Disease				
a. Hepatitis/Jaundice				
b. Hx + PPD/Active TB				
c. STD				
d. HIV +/AIDS				
Summaries				
Hx of Psych Tx				
a. Past Suicide Attempt				
b. Current Suicidal Ideation				
Recent Drug/ETOH use	/			
Mobility Problems				
a. Assistive Devices				
b. Prosthetics				
c. Specialized Equipment				
Other Medications	/			
History of Sexual Abuse or Predator				
Oriented x3	/			
Other	/			

*CSW in back & in back of head 9/05
Hx of being beaten in head & back has
Hx of seizures due to alcohol withdrawal
* See back page for all meds*

Objective: T: 97.7 P: 81 ☒ regular ☐ irregular R: ☐ regular ☐ irregular B/P: 125/80
Height: 6 Weight: 240 Vision: RT 20/300 LT 20/300 Corrected: RT 20/ LT 20/

Behavioral appearance. Hearing loss. Mental status. Evidence of deformity, trauma, and skin conditions. *Needs glasses -
Open skin Areas present*

Assessment: *Found skin areas (as) Hx of seizures, HTA
See notes above
Past seizures due to ETOH withdrawal
+ Request I bank permit
allergy to Fish*

Plan: (Check and complete as appropriate)

1. Physical Examination:	<input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Routine
2. Mental Health Referral:	<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine
3. Health Information Given:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused
4. PPD Results:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
5. Chest X-ray performed:	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Other:	

Date PPD Administered: *RT* Date PPD Read: *1/1*

Reading: _____ mm By: _____

Moffett Collins *Moffett Collins*
Print Name of Interviewer Signature

LAB		Sickle Cell: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dental: <input type="checkbox"/> Yes <input type="checkbox"/> No		Radiology: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EKG		CXR: <input type="checkbox"/> Yes <input type="checkbox"/> No		Female Only: <input type="checkbox"/> Yes <input type="checkbox"/> No		Mammogram: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Distribution: CONFIDENTIAL

PURSUANT TO PROTECTIVE ORDER

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JOHNSON00032

EXHIBIT B.2

Offender Information: Johnson Cedric MI IO#: B18840
Last Name First Name MI
Race: ☐ White ☐ African American ☐ Asian American ☐ Hispanic ☐ Native American ☐ Other _____
Gender: ☒ Male ☐ Female Date of Birth: 1/1/1984

Objective: System	Normal	ABN	Explanation:
Head, Neck, Face, & Scalp	/		
Nose and Sinuses	/		
Mouth and Throat	/		Oral Condition: / <i>wa</i>
Ears	/		Drums: / <i>wa</i> Hearing: R - <i>L</i> Normal/Grossly Intact: / <i>wa</i> Diminished: <i>L</i>
Eyes	/		Pupils: <i>wa</i> Fundoscopy: <i>wa</i> Accommodation: <i>wa</i>
Lungs and Chest including Breast	/		Auscultation: <i>CTA</i>
Heart	/		Rate: <i>wa</i> Size: <i>wa</i> Rhythm: <i>wa</i> Murmurs: <i>wa</i>
Vascular	/		
Abdomen	/		Consistency: <i>FLABBY</i> Tenderness: <i>ST</i> Masses: <i>C</i> Scars: <i>ST</i>
Anus, Rectum (Prostate - 40+ Male Only)	/		Visual: <i>wa</i> Gualac +/- R: Digital: <i>wa</i>
Genito-Urinary System	/		
Upper Extremities	/		Strength: <i>wa</i> ROM: <i>wa</i>
Lower Extremities	/		Strength: <i>wa</i> ROM: <i>wa</i>
Spine and Musculo-Skeletal	/		
Skin and Lymphatics	/		
Neurologic DTR's	/		Romberg: Biceps: Patella:
Mental Status	/		<i>Acc</i> <i>Long</i>
Pelvis (Female Only)	/		Cervix: <i>wa</i> Vaginal Canal: Fundus: <i>wa</i> PAP: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> R

Assessment: Problem # _____

Plan: (Check box as appropriate and complete plan)

Placement Consideration: ☐ Yes ☒ No

HA: ☐ Yes

Food Handler Status: *JK*

- Морской узел

- Koppeln zu ein

- WZ 1000 WZ 11

17347.041 426

6-12-1919

12

15

Signature: _____

le 2

revoked Power

EXHIBIT B.2

Examiners Signature:

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PURSUANT TO PROTECTIVE ORDER

side 2

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EXHIBIT B.2

JOHN SONDOR

CCC 6029 (Rev. 11/2012)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Physical Examination
Center

Date: 3/4/14
 Time: _____
☐ a.m.
☐ p.m.

Offender Info	
B18840 JOHNSON, CEDRIC	DOB: [REDACTED]
Age: 42	Race: BLK
Race: <input type="checkbox"/> White	Sex: M
NRC 03/04/2014	Other: 14
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /

	Yes	No	Explanation:
Hx reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lab reviewed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Subjective Condition	Yes	No	Explanation:
Allergy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Substance Abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a. Alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. V Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Other Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Hx, drug/alcohol withdrawal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Shared Needles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual Contact with:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a. IV drug user	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Prostitute(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Multiple Partners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Homosexual Activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
STD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
HIV/AIDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Blood Transfusions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Three or more months of:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a. Fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Diarrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Night Sweats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Persistent URI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Weight Loss (> 15 Lbs.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lymphadenopathy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fatigue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (Female)	<input type="checkbox"/>	<input type="checkbox"/>	G _____ P _____ AB _____ LNMP _____
a. Mammography	<input type="checkbox"/>	<input type="checkbox"/>	Date/Results: _____
b. Family Hx Breast Cancer	<input type="checkbox"/>	<input type="checkbox"/>	If yes, family member: _____
c. PAP Smear	<input type="checkbox"/>	<input type="checkbox"/>	Date/Results: _____

Past Hospitalizations:

Diagnosis: 6-SW - HORN + BREA
 Date(s): 90's
 Hospital: MICHAEL ROOSE HOSP
 Location: CHICAGO

Diagnosis: HEAD TRAUMA & ACCIDENT
 Date(s): 90's
 Hospital: HICKMAN HOSP
 Location: HICKMAN, ILL

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Side 1

JOHNSON00037

PURSUANT TO PROTECTIVE ORDER

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